

Please type a plus sign (+) inside this box → ☒

PTO/SB/01 (12-97)

Approved for use through 9/30/00. OMB 0651-0032  
Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

**DECLARATION FOR UTILITY OR  
DESIGN  
PATENT APPLICATION  
(37 CFR 1.63)****UNEXECUTED**

☒ Declaration Submitted with Initial Filing

OR

☐ Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

Attorney Docket Number YAM 2 0010

First Named Inventor TANAKA, Hiroshi

**COMPLETE IF KNOWN**

Application Number /

Filing Date

Group Art Unit

Examiner Name

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

ULTRA-FAST TRANSFORMATION TECHNIQUE FOR MONOCOTYLEDONS

the specification of which

(Title of the Invention)

☐ is attached hereto  
OR

☒ was filed on (MM/DD/YYYY) 07/22/1999 as United States Application Number or PCT International

Application Number PCT/JP99/03920 and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
			<input type="checkbox"/>	YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	
		<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

[Page 1 of 5] 5

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

(July 1998)

Please type a plus sign (+) inside this box →



PTO/SB/01 (12-97)

Approved for use through 9/30/00. OMB 0651-0032

Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

**DECLARATION — Utility or Design Patent Application**

I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT International application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)

☐ Additional U.S. or PCT international application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:

☐ Customer Number

OR

☐ Registered practitioner(s) name/registration number listed below

Place Customer  
Number Bar Code  
Label here

Name	Registration Number	Name	Registration Number
Richard M. Klein	33,000		

☐ Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C attached hereto.

Direct all correspondence to: ☐ Customer Number or Bar Code Label

OR ☒ Correspondence address below

Name	Richard M. Klein				
Address	FAY, SHARPE, FAGAN, MINNICH & McKEE, LLP				
Address	1100 Superior Avenue, Seventh Floor				
City	Cleveland	State	OH	ZIP	44114
Country	U.S.A.	Telephone	(216) 861-5582	Fax	(216) 241-1666

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor:

☐ A petition has been filed for this unsigned inventor

Given Name (first and middle (if any))	Family Name or Surname
Hiroshi	TANAKA

Inventor's Signature				Date	
Residence: City	Tsukuba-shi	State	Ibaraki	Country	JAPAN JPA
Post Office Address	c/o National Institute of Agrobiological Resources				
Post Office Address	Ministry of Agriculture, Forestry and Fisheries				
Post Office Address	2-1-2, Kamondai				
City	Tsukuba-shi	State	Ibaraki	ZIP	305-8602
Country	JAPAN				

☐ Additional Inventors are being named on the supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto

Please type a plus sign (+) inside this box → ☒

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

PTO/SB/02A (3-97)  
Approved for use through 9/30/98. OMB 0651-0032  
Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

<b>DECLARATION</b>	<b>ADDITIONAL INVENTOR(S)</b> <b>Supplemental Sheet</b> Page <u>3</u> of <u>5</u>
--------------------	---

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle (if any))				Family Name or Surname			
<u>Toshiaki</u>				<u>KAYANO</u>			
Inventor's Signature						Date	
Residence: City	Tsukuba-shi	State	<u>Ibaraki</u>	Country	JAPAN <u>JPX</u>	Citizenship	JAPAN
Post Office Address	c/o National Institute of Agrobiological Resources						
Post Office Address	Ministry of Agriculture, Forestry and Fisheries						
Post Office Address	2-1-2, Kamondai						
City	Tsukuba-shi	State	<u>Ibaraki</u>	ZIP	305-8602	Country	JAPAN
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle (if any))				Family Name or Surname			
<u>Masashi</u>				<u>UGAKI</u>			
Inventor's Signature						Date	
Residence: City	Tsukuba-shi	State	<u>Ibaraki</u>	Country	JAPAN <u>JPX</u>	Citizenship	JAPAN
Post Office Address	c/o National Institute of Agrobiological Resources						
Post Office Address	Ministry of Agriculture, Forestry and Fisheries						
Post Office Address	2-1-2, Kamondai						
City	Tsukuba-shi	State	<u>Ibaraki</u>	ZIP	305-8602	Country	JAPAN
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle (if any))				Family Name or Surname			
<u>Fumio</u>				<u>SHIOBARA</u>			
Inventor's Signature						Date	
Residence: City	Tsukuba-shi	State	<u>Ibaraki</u>	Country	JAPAN	Citizenship	JAPAN
Post Office Address	c/o National Institute of Agrobiological Resources						
Post Office Address	Ministry of Agriculture, Forestry and Fisheries						
Post Office Address	2-1-2, Kamondai						
City	Tsukuba-shi	State	<u>Ibaraki</u>	ZIP	305-8602	Country	JAPAN

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Please type a plus sign (+) inside this box → ☒

PTO/SB/02A (3-97)  
 Approved for use through 9/30/98. OMB 0651-0032  
 Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE  
 Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

## DECLARATION

 ADDITIONAL INVENTOR(S)  
 Supplemental Sheet  
 Page 4 of 5

Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
Naoto				SHIBUYA			
Inventor's Signature						Date	
Residence: City	Tsukuba-shi	State	Ibaraki	Country	JAPAN JPX	Citizenship	JAPAN
Post Office Address	c/o National Institute of Agrobiological Resources						
Post Office Address	Ministry of Agriculture, Forestry and Fisheries						
Post Office Address	2-1-2, Kamondai						
City	Tsukuba-shi	State	Ibaraki	ZIP	305-8602	Country	JAPAN
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
Haruko				ONODERA			
Inventor's Signature						Date	
Residence: City	Tsukuba-shi	State	Ibaraki	Country	JAPAN	Citizenship	JAPAN
Post Office Address	c/o National Institute of Agrobiological Resources						
Post Office Address	Ministry of Agriculture, Forestry and Fisheries						
Post Office Address	2-1-2, Kamondai						
City	Tsukuba-shi	State	Ibaraki	ZIP	305-8602	Country	JAPAN
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
Kazuko				ONO			
Inventor's Signature						Date	
Residence: City	Tsukuba-shi	State	Ibaraki	Country	JAPAN	Citizenship	JAPAN
Post Office Address	c/o National Institute of Agrobiological Resources						
Post Office Address	Ministry of Agriculture, Forestry and Fisheries						
Post Office Address	2-1-2, Kamondai						
City	Tsukuba-shi	State	Ibaraki	ZIP	305-8602	Country	JAPAN

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Please type a plus sign (+) inside this box → ☒

PTO/SB/02A (3-97)  
 Approved for use through 9/30/98. OMB 0651-0032  
 Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

## DECLARATION

 ADDITIONAL INVENTOR(S)  
 Supplemental Sheet  
 Page 2 of 5

Name of Additional Joint Inventor, if any:

☐ A petition has been filed for this unsigned inventor

Given Name (first and middle [if any])

Family Name or Surname

AkemiTAGIRIInventor's  
Signature

Date

Residence: City

Tsukuba-shi

State

Ibaraki

Country

JAPAN

Citizenship

JAPAN

Post Office Address

c/o National Institute of Agrobiological Resources

Post Office Address

Ministry of Agriculture, Forestry and Fisheries  
2-1-2, Kannondai

City

Tsukuba-shi

State

Ibaraki

ZIP

305-8602

Country

JAPAN

Name of Additional Joint Inventor, if any:

☐ A petition has been filed for this unsigned inventor

Given Name (first and middle [if any])

Family Name or Surname

YaekoNISHIZAWAInventor's  
Signature

Date

Residence: City

Tsukuba-shi

State

Ibaraki

Country

JAPAN

Citizenship

JAPAN

Post Office Address

c/o National Institute of Agrobiological Resources

Post Office Address

Ministry of Agriculture, Forestry and Fisheries  
2-1-2, Kannondai

City

Tsukuba-shi

State

Ibaraki

ZIP

305-8602

Country

JAPAN

Name of Additional Joint Inventor, if any:

☐ A petition has been filed for this unsigned inventor

Given Name (first and middle [if any])

Family Name or Surname

Inventor's  
Signature

Date

Residence: City

State

Country

Citizenship

Post Office Address

Post Office Address

City

State

ZIP

Country

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.